

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$645.00 for date of service 11/08/01.
- b. The request was received on 08/06/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Per the TWCC Resolution Information System Case Activity Log dated 11/06/02, Insurance Carrier did not respond to the initial request for dispute. Requestor did not respond to MR116 letter for additional information. Deadlines for responding have expired. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 08/06/02

“(Employee) had Psychological Evaluation on November 08,2001. (Carrier) preauthorized these services (#CB175092A) per their letter on November 01, 2001. Per their EOB, the claim was a ‘duplicate charge and has been previously reviewed by (Audit Company).’ This was the only EOB that we received. We resubmitted the claim on March 14, 2002, April 17, 2002 and July 2, 2002 but until now, we have not received any payment.”
2. Respondent: Did not respond to this dispute.

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 11/08/01.
- The explanation of denial listed on the EOB is “**850-THIS PROCEDURE/SUPPLY MUST BE PRE-AUTHORIZED IN ACCORDANCE WITH TWCC RULE 134.600. ALSO SUPPLIES ASSOC W/ UNAUTHORIZED PROC/SUP ARE DISALLOWED.**”
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
11/08/01	90801	\$270.00	\$0.00	A	\$3.00 (per minute)	TWCC rule 134.600 (h)(2)	Preauthorization was obtained per the hard copy submitted by the provider, dated 11/01/01. Therefore reimbursement is recommended in the amount of \$270.00.
11/08/01	90830	\$125.00 \$125.00 \$125.00	\$0.00 \$0.00 \$0.00	A A A	\$125.00 (per hour)	TWCC rule 134.600 (h)(2)	Preauthorization was obtained per the hard copy submitted by the provider, dated 11/01/01. Therefore reimbursement is recommended in the amount of \$375.00.
Totals		\$645.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$645.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$645.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 10th day of January 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb